



Department of Veterans Affairs

**LEAVE TRANSFER AUTHORIZATION****INSTRUCTIONS:** Complete Part I and submit the form to your Human Resources Management Office.**PART I - TO BE COMPLETED BY LEAVE DONOR**

NAME OF DONOR (Last, First, M.I.)

ORGANIZATION UNIT

GRADE (Include step)

SALARY RATE

\$

NAME OF RECIPIENT OF DONATED LEAVE

**AMOUNT OF DONATED LEAVE**

HOURS/DAYS OF REGULAR ANNUAL LEAVE

HOURS/DAYS OF RESTORED ANNUAL LEAVE

**AUTHORIZATION** - I authorize transfer of leave to the above-named recipient. ▶

SIGNATURE OF DONOR

DATE SIGNED

**PART II - ACTION BY HUMAN RESOURCES MANAGEMENT OFFICE**

I have reviewed the current positions and the grade pay levels of the above-named donor and leave recipient and certify that this request

☐ meets ☐ does not meet the administrative requirement for leave transfer.

COMMENTS

SIGNATURE

TITLE

DATE SIGNED

**PART III - ACTION BY PAYROLL OFFICE**

I have reviewed the leave record of the above-named donor and certify that the annual leave in the amount shown below meets the criteria of the leave transfer program. This leave is transferred on the date indicated below.

AMOUNT OF LEAVE

EFFECTIVE DATE

HOURS/DAYS

COMMENTS

SIGNATURE

TITLE

DATE SIGNED

**PART IV - ACTION BY PAYROLL OFFICE AT TERMINATION OF THE PERSONAL EMERGENCY**

DATE PERSONAL EMERGENCY ENDED

HOURS/DAYS OF ANNUAL LEAVE  
RESTORED TO DONOR

DATE RESTORED

INITIALS OF PAYROLL CLERK

DATE SIGNED